

# MAINE STATE LEGISLATURE

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Date: 5/19/17 majority

L.D. 479  
(Filing No. H. 246)

**HEALTH AND HUMAN SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
128TH LEGISLATURE  
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 342, L.D. 479, Bill, "An Act To Inform Patients of the Dangers of Addicting Opioids"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

**Sec. 1. 32 MRSA §2210, sub-§6** is enacted to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

**Sec. 2. 32 MRSA §2600-C, sub-§6** is enacted to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment, informed consent and counseling on the risk of opioid use. For the purposes of this subsection, "health care entity" has the same meaning as in Title 22, section 1718-B, subsection 1, paragraph B.

**Sec. 3. 32 MRSA §3300-F, sub-§6** is enacted to read:

6. Opioid medication policy. No later than January 1, 2018, a health care entity that includes an individual licensed under this chapter whose scope of practice includes prescribing opioid medication must have in place an opioid medication prescribing policy that applies to all prescribers of opioid medications employed by the entity. The policy must include, but is not limited to, procedures and practices related to risk assessment,

**COMMITTEE AMENDMENT**

1 informed consent and counseling on the risk of opioid use. For the purposes of this  
2 subsection, "health care entity" has the same meaning as in Title 22, section 1718-B,  
3 subsection 1, paragraph B.

4 **Sec. 4. 32 MRSA §3657, sub-§6** is enacted to read:

5 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that  
6 includes an individual licensed under this chapter whose scope of practice includes  
7 prescribing opioid medication must have in place an opioid medication prescribing policy  
8 that applies to all prescribers of opioid medications employed by the entity. The policy  
9 must include, but is not limited to, procedures and practices related to risk assessment,  
10 informed consent and counseling on the risk of opioid use. For the purposes of this  
11 subsection, "health care entity" has the same meaning as in Title 22, section 1718-B,  
12 subsection 1, paragraph B.

13 **Sec. 5. 32 MRSA §18308, sub-§6** is enacted to read:

14 **6. Opioid medication policy.** No later than January 1, 2018, a health care entity that  
15 includes an individual licensed under this chapter whose scope of practice includes  
16 prescribing opioid medication must have in place an opioid medication prescribing policy  
17 that applies to all prescribers of opioid medications employed by the entity. The policy  
18 must include, but is not limited to, procedures and practices related to risk assessment,  
19 informed consent and counseling on the risk of opioid use. For the purposes of this  
20 subsection, "health care entity" has the same meaning as in Title 22, section 1718-B,  
21 subsection 1, paragraph B.'

22 **SUMMARY**

23 This amendment, which is the majority report of the committee, replaces the bill.  
24 Rather than requiring a prescriber of opioid medication to inform a patient of the risks of  
25 addiction, it requires health care entities that include prescribers of opioid medications to  
26 develop an opioid medication prescribing policy that includes risk assessment, informed  
27 consent and counseling on the risk of opioid use. The policy must be developed by  
28 January 1, 2018.